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From: Troy M. Schmelzer

Date: July 10, 2006

Time: 12:00 pm

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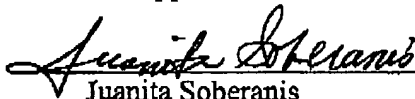
RE: U.S. Patent Application Serial No.: 09/991,308 ; Our Ref. 81800.0172

I hereby certify that the following documents:

- ☒ Request for Continued Examination.
- ☒ Amendment/Amendment Transmittal.

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450,
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FORM I-TO-1083

Attorney Docket No. 81800.0172

Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of:

Naoto KATAOKA

Serial No.: 09/991,308

Confirmation No.: 5046

Filed: November 13, 2001

For: Communication Terminal Device

Art Unit: 2622

Examiner: Patterson, Rashan Omar

JUL 10 2006

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Name

Signature Date 7/10/2006

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir

Transmitted herewith in the above-identified application are the following:

- ☒ Request for Continued Examination (RCE).
☒ Amendment.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	11	-	20	**	0	LG=\$50 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIMS FEE	2	-	3	***	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180		\$
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)						\$250 FOR EACH ADDITIONAL 50 SHEETS		\$
Independent Claims: 1 and 18						TOTAL		\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$_____ to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
- ☐ A check in the amount of \$_____ to cover the extension fee is enclosed. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge \$790 to cover the RCE fee and any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Troy M. Schmelzer
Registration No. 36,667
Attorney for Applicant(s)

Date: July 10, 2006

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